

District Name: _____ LEA # _____ County: _____

School Name: _____

Arkansas Fresh Fruit and Vegetable Program Application – SY 2020-2021

Please print neatly in ink or type. Please submit a separate application for each school in your district that desires the program.

Elementary School Name	
Primary Email Address <i>This is where you will receive grant award announcement letters and all correspondence related to FFVP.</i>	
New Applicant or Renewal School? <i>Did you have FFVP for SY 19-20? If Yes, please check Renewal School; If No, you are a New Applicant</i>	New Applicant <input type="checkbox"/> Renewal School <input type="checkbox"/>

CERTIFICATION OF APPROVAL (ALL SIGNATURES ARE REQUIRED)

We, the undersigned, have reviewed this application and attest to the information provided.

If _____ school is selected, we agree to implement the Arkansas Fresh Fruit and Vegetable Program (FFVP) in a manner consistent with the policies and procedures established by United States Department of Agriculture (USDA) and the Department of Elementary and Secondary Education (DESE), Child Nutrition Unit (CNU). We agree to participate in any USDA or CNU sponsored evaluations and to provide the information requested by the specified deadlines. We understand that FFVP funding is from federal funds thus contingent upon the federal budget process. The Child Nutrition Director is considered the FFVP Contact Person and is encouraged to collaborate with other stakeholders within the district and community.

REQUIRED signatures and contacts below or equivalent positions as determined by the school.

School Cafeteria Manager (signature): _____	Date: _____
Print name: _____	E-mail Address: _____
Phone Number: (_____) _____	
School Principal (signature): _____	Date: _____
Print name: _____	E-mail Address: _____
Phone Number: (_____) _____	
Child Nutrition Director (signature): _____	Date: _____
Print name: _____	E-mail Address: _____
Phone Number: (_____) _____	
Superintendent (signature): _____	Date: _____
Print name: _____	E-mail Address: _____
Phone Number: (_____) _____	

CNU will complete the following using data from October 1, 2019:

Official School Enrollment _____

Percentage of Students Eligible for Free and Reduced Price Meals _____

If the school previously received a FFVP Grant, there were documented issues that might prevent successful implementation of FFVP in the future Yes No

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Please complete the questionnaire below:

This schools grade levels (Ex: K-3): _____

Are there any changes to grade configuration for SY 2020-2021? **YES** or **NO**. If yes, enter new grade levels: _____

Are you a charter school with contracted meals? **YES** or **NO**

Are you a school that currently has a Food Service Management Company (FSMC)? **YES** or **NO**

Are you a school that is considering a FSMC for SY 2020-2021? **YES** or **NO**

Have you notified and received a commitment from your school food service, administration and teachers regarding your desire to participate in FFVP for SY 2020-2021? **YES** or **NO**. If not, please do so before submitting this application.

What days of the week do you plan to serve FFVP? (Note: A minimum of 2 days/week is required) _____

How do you plan to distribute FFVP to the students? _____

How do you plan to ensure proper food safety during distribution and service of FFVP to the students?

Who will be responsible for distributing FFVP to the students? _____

Do you have enough storage space to accommodate serving FFVP snacks to students at least twice a week? **YES** or **NO**.

List at least one organization or entity you plan to partner with to provide additional resources to implement the program

How do you plan to promote FFVP at your school? _____

Nutrition education is an important component of FFVP. Please provide at least two (2) examples of nutrition education activities you will implement with the service of FFVP throughout the school year. _____

Application not received by 4:30pm on the deadline will be disqualified.

Applications will not be returned. Keep a copy for your files.

Applications will ONLY be accepted via email (scanned with signatures).

Please send applications to ade.ffvpapp@arkansas.gov

Applications must arrive by Receipt Deadline: **March 20, 2020**.